EXHIBIT A-2

Statement of Work Template

Original ☐ **Amended** ☒

STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
STATE OF MISSISSIPPI, Department of Employment Security
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

2/19/2021

Mohammed Jalaluddin
State of MS, Department of Employment Security
1235 Echlon Parkway Jackson, MS 39213

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

- **Knowledge Services Posting Number:** 72180
- **IT Contingent Worker Name:** Sidney O'Brien
- **Vendor Name:** Cambay
- **Position Title:** Network Administrator
- **Regular Hourly Bill Rate:** $86.11
- **OT Hourly Bill Rate** *(if applicable)*: $86.11
- **Original Number of Hours to be worked:** 1320
- **Amendment 1: Number of hours to be worked:** Click or tap here to enter text.
- **Amendment 2: Number of hours to be worked:** Click or tap here to enter text.
- **Amendment 3: Number of hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW:** *(Not to exceed)* Click or tap here to enter text.
- **Amendment 1: Total Cost of SOW:** *(Not to exceed)* Click or tap here to enter text.
- **Amendment 2: Total Cost of SOW:** *(Not to exceed)* Click or tap here to enter text.
- **Amendment 3: Total Cost of SOW:** *(Not to exceed)* Click or tap here to enter text.
- **Start Date of Service:** 8/3/2020
- **Original End Date of Service:** 4/2/2021
- **Amendment 1: End Date of Service:** Click or tap to enter a date.
- **Amendment 2: End Date of Service:** Click or tap to enter a date.
- **Amendment 3: End Date of Service:** Click or tap to enter a date.
- **Work Location:** 1235 Echlon Parkway Jackson, MS 39213

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

Mississippi Department of Department of Employment Security	**GuideSoft Inc., d/b/a Knowledge Services**
DocuSigned by: 4F124210D108451	*Hailey Petty*
Authorized Signature	*Authorized Signature*
Mohammed Jalaluddin	Hailey Petty
Printed Name	*Printed Name*
Director OTSI	Program Manager
Title	*Title*
2/24/2021	2/19/2021
Date	*Date*